

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-033376

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 194

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 10 1962

VS 300
Rev. 4/59

1 1007

2 0780

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 36 Days	c. CITY OR TOWN Braggadocio
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shuffit's Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Braggadocio
3. NAME OF DECEASED (Type or print) First Josie Middle Monan Last Monan		4. DATE OF DEATH Month August Day 22 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/27/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmistress-Retired		10b. KIND OF BUSINESS OR INDUSTRY Post Office	9. AGE (last birthday) 72
11. BIRTHPLACE (City and state or country) Mounds, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James R. Monan		13b. MOTHER'S MAIDEN NAME Fannie Reno	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Ott Monan- Caruthersville, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gen. arteriosclerosis.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from <u>June 3, 1962</u> to <u>8/22/62</u> and last saw her/him alive on <u>8/21/62</u> Death occurred at <u>8:40 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. D. Urban M.D.		22b. ADDRESS Sikeston	
22c. DATE SIGNED 8/29/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/24/62	23c. NAME OF CEMETERY OR CREMATORY Little Prairie	23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
24. FUNERAL DIRECTOR H.S. Smith F. Home-Caruthersville, Mo.		25. DATE RECD. BY LOCAL REG. Sept 2-1962	26. REGISTRAR'S SIGNATURE Jeannette Waldman

USE BLACK INK OR TYPEWRITER RIBBON

SEP 13 1962

Permit received Aug 22 - 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Denver Duke

Licensed Embalmer No. 4484

P. O. Address Canthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.